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**POWER OF ATTORNEY OR  
AUTHORIZATION OF AGENT**

Application Number

Filing Date

First Named Inventor

Title

Art Unit

Examiner Name

Attorney Docket Number

John IRVING

I hereby appoint:

☐ Practitioners at Customer Number

OR

☒ Practitioner(s) named below:Place Customer  
Number Bar Code  
Label here

Name	Registration Number
JAMES D. FORNARI	25,260

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

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OR

☐ Practitioners at Customer Number.Place Customer  
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OR

☒ Firm or  
Individual Name

Address

Address

City

Country

Telephone

JAMES D. FORNARI

645 MADISON AVENUE - 13<sup>th</sup> Floor

NEW YORK

State

NY

Zip

10022

USA

212-698-0567

Fax

212-698-0573

I am the:

☒ Applicant/Inventor.☐ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name

Signature

Date

PATRICK LAJEUNESSE

Pat sig  
June 19/2003

Telephone

1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 4 forms are submitted.

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OR

<input checked="" type="checkbox"/> Firm or Individual Name	JAMES D. FORNARI				
Address	645 MADISON AVENUE - 13 <sup>th</sup> FLOOR				
Address					
City	NEW YORK	State	NY	Zip	10022
Country	USA				
Telephone	212-698-0567	Fax	212-698-0573		

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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	STEVE MULLIGAN		
Signature	Steve Mulligan		
Date	Jan 19 2003	Telephone	1-888-770-3333

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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Address					
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Country	USA				
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Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).**SIGNATURE of Applicant or Assignee of Record**

Name	MARCELLO BURSSTEIN				
Signature	<i>[Signature]</i>				
Date	June 19, 2003			Telephone	1-888-770-3333

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Address					
City	NEW YORK	State	NY	Zip	10022
Country	USA				
Telephone	212-698-0567	Fax	212-698-0573		

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Name	John IRVING		
Signature			
Date	JUNE 19, 2003	Telephone	1-888-770-3333

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<b>DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)</b>	<input checked="" type="checkbox"/> Declaration Submitted With Initial Filing	OR	<input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Attorney Docket Number <b>3800.01</b>	
				First Named Inventor <b>John IRVING</b>	
				COMPLETE IF KNOWN	
				Application Number	
				Filing Date <del>01/01/01</del>	
				Art Unit	
			Examiner Name		

I hereby declare that:

Each inventor's residence, mailing address, and citizenship are as stated below next to their name.

I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

METHOD AND SYSTEM FOR FILTER WEB BROWSING  
IN A MULTI-LEVEL MONITORED AND FILTERED SYSTEM.

(Title of the Invention)

the specification of which

☒ is attached hereto

OR

☐ was filed on (MM/DD/YYYY)  as United States Application Number or PCT International
Application Number  and was amended on (MM/DD/YYYY)  (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b) of any foreign application(s) for patent, inventor's or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				Yes	No
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

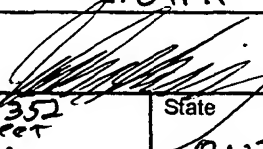
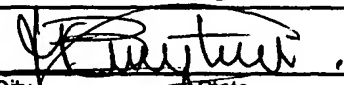
[Page 1 of 2]

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**DECLARATION — Utility or Design Patent Application**

Direct all correspondence to: <input type="checkbox"/> Customer Number or Bar Code Label		OR <input type="checkbox"/> Correspondence address below	
Name <b>JAMES D. FORNARI, ESQ</b>			
Address <b>645 MADISON AVENUE - 13<sup>TH</sup> FLOOR</b>			
City <b>New York</b>		State <b>New York</b>	ZIP <b>10022</b>
Country <b>USA</b>	Telephone <b>212-698-0567</b>	Fax <b>212-698-0573</b>	
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.			
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>John</b>		Family Name or Surname <b>IRVING</b>	
Inventor's Signature 		Date <b>June 19, 2003</b>	
Residence: City <b>352 DALY STREET OTTAWA</b>	State <b>ONT</b>	Country <b>CANADA</b>	Citizenship <b>CANADIAN</b>
Mailing Address <b>352 DALY STREET</b>			
City <b>OTTAWA</b>	State <b>ONT</b>	ZIP <b>K1N 6G9</b>	Country <b>CANADA</b>
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle [if any]) <b>Marcello</b>		Family Name or Surname <b>BURSZEIN</b>	
Inventor's Signature 		Date <b>June 19, 2003</b>	
Residence: City <b>OTTAWA</b>	State <b>ONT</b>	Country <b>CANADA</b>	Citizenship <b>ARGENTINEAN U.S.</b>
Mailing Address <b>335 COOPER STREET - APT 23</b>			
City <b>OTTAWA</b>	State <b>ONT</b>	ZIP <b>K2P 0G6</b>	Country <b>CANADA</b>
<input type="checkbox"/> Additional inventors or a legal representative are being named on the supplemental sheet(s) PTO/SB/02A or 02LR attached hereto.			

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<b>DECLARATION</b>	<b>ADDITIONAL INVENTOR(S)</b> Supplemental Sheet
Page <u>2</u> of <u>2</u>	

<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
STEVE		MULLIGAN	
Inventor's Signature <i>Steve Mulligan</i>		Date <i>Jun 12/2003</i>	
Residence: City OTTOWA	State ONT	Country CANADA	Citizenship CANADIAN
Mailing Address 125 STEWART STREET -APT 404			
Mailing Address			
City OTTOWA	State ONT	Zip K1N 6J3	Country CANADA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
PATRICIE		LAJEUNESSE	
Inventor's Signature <i>Patricie</i>		Date <i>June 12/2003</i>	
Residence: City OTTOWA	State ONT	Country CANADA	Citizenship CANADIAN
Mailing Address 35 LANGEVIN AVENUE			
Mailing Address			
City OTTOWA	State ONT	Zip K1M 1G1	Country CANADA
<b>Name of Additional Joint Inventor, if any:</b>		<input type="checkbox"/> A petition has been filed for this unsigned inventor	
Given Name (first and middle (if any))		Family Name or Surname	
Inventor's Signature		Date	
Residence: City	State	Country	Citizenship
Mailing Address			
Mailing Address			
City	State	Zip	Country

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## DECLARATION – Supplemental Priority Data Sheet

**Additional foreign applications:**

[illegible]

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